

Research Highlights

From the Survey and Evaluation Research Laboratory
at Virginia Commonwealth University's Center for Public Policy

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Research conducted for the Virginia HIV Community Planning Committee

African American, Latino, and Caucasian men who have sex with men differ in perceptions and behaviors relevant to HIV/AIDS

African American men who have sex with men (MSM) reported higher levels of drug use in connection with sexual activity and higher levels of bisexual behavior than Latino and Caucasian MSM, while Latinos were least likely to know the HIV status of their last sex partner. Latinos and African Americans reported higher frequencies of paid sex than Caucasians and less frequent association with organized groups of gays, lesbians and bisexuals. These characteristics may indicate that Latino and African American MSM are particularly at risk for HIV infection and that HIV/AIDS education and prevention programming may need to adopt more culturally sensitive frameworks.

As the AIDS epidemic has spread through the United States from its first identification in the early 1980s, it has changed from a disease mainly affecting Caucasian gay men to one affecting minority populations in numbers disproportionate to their presence in the overall population. Particularly affected have been African American and Latino populations.

According to the Centers for Disease Control and Prevention (CDC), while 10% of the U.S. population is of Latino origin, they accounted for 18% of AIDS cases reported by mid-2000. African Americans make up about 13% of the U.S. population and have accounted for 38% of AIDS cases reported by mid-2000.

Latino and African American men who have sex with men (MSM) may be particularly at risk. By the end of 2000, of Latinos diagnosed with HIV in Virginia, 35.3% were MSM. Of the African American men diagnosed with HIV, 46.5% were MSM. A recent CDC study found that 30% of young, gay or bisexual black men in six U.S. cities were HIV positive, compared to 15% of Latinos and 7% of Caucasians.

Recent surveys of MSM in Virginia,

conducted by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University, have shown major differences among Caucasians, African Americans, and Latinos in perceptions and behaviors that may lead to an increased risk for the minority groups of contracting HIV, compared to Caucasian MSM.

This report compares the results of a study of Caucasian and African American MSM conducted in 1997 with a study of Latino MSM done in 1999 on selected behaviors, perceptions and attitudes relevant to HIV risk.

Study Methodologies

Complex nonprobability methodologies were used in both surveys. The 1997 survey data were collected by regional managers responsible for Richmond, Northern Virginia,

The 1999 survey was directed Dr. S. Lisbeth Jarama. The 1997 survey was directed by Dr. J. David Kenamer, who also designed and wrote this report. More information about these surveys is available from the SERL.

Western Virginia, and Hampton Roads in a variety of venues, including organizations and social networks, bars and clubs, and public events. Another manager was responsible for increasing responses from African American MSM in all regions.

Posters and information cards were distributed and advertisements placed in relevant media, with a toll-free number for telephone completion.

While most responses came from the state's cities and suburbs, about 15% came from rural areas.

In the Latino survey, bilingual, Latino coordinators in Northern Virginia, Richmond and Hampton Roads gathered data through organizations, social networks, bars, clubs, public events, and primarily through home parties. Surveys were administered in groups and individually, with most completed in Spanish.

Snowball techniques, in which information about the research was passed by participants to others in their social networks, were used in both projects.

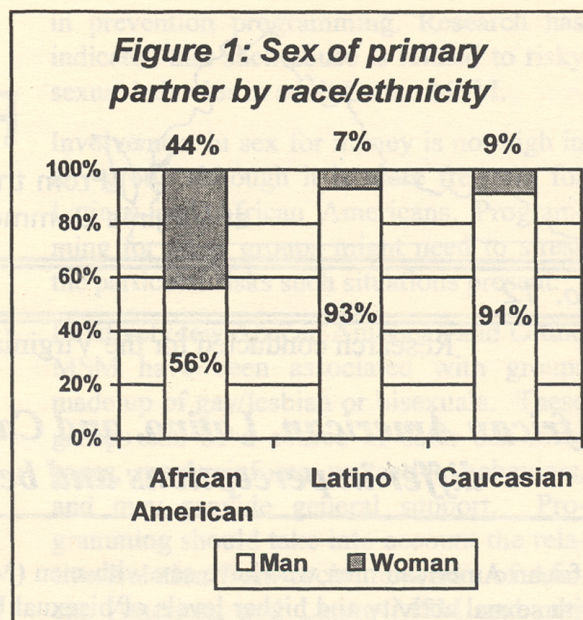
The 1997 survey of Virginia MSM resulted in a sample of 428 Caucasian men and 198 African American men. The 1999 survey of Latino MSM in Virginia resulted in a sample of 291 men. While the representativeness of samples drawn with nonprobability methods cannot be assessed precisely, both surveys reflected considerable diversity in terms of age, education, income, and region of the state.

Sexual Behavior

The three groups differed in their sexual behavior, most strikingly in the number of men reporting relationships with women. Figure 1 shows that of the African American men, 44% reported being in a primary relationship with a woman, compared to less than 10% of the Caucasians and Latinos.

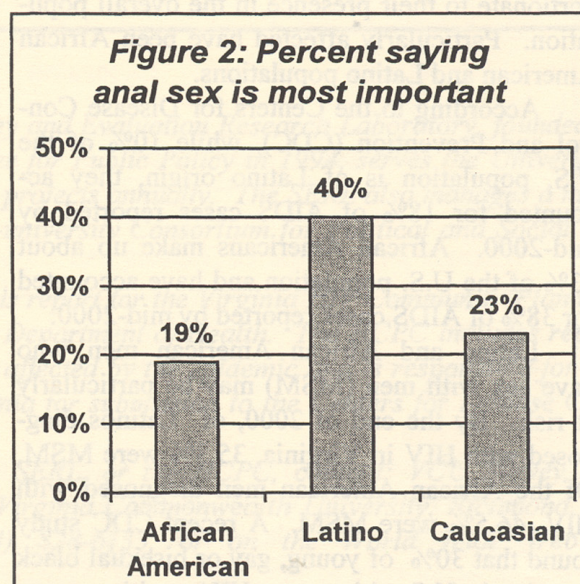
Of Latinos and African Americans, between 24% to 29% said they either had paid or been paid for sex, about double the rate for Caucasians.

Importantly, Latinos were the least likely to know the HIV status of their last sex partner;



43% said they did not know this information, compared to 28% of African Americans and 23% of Caucasians.

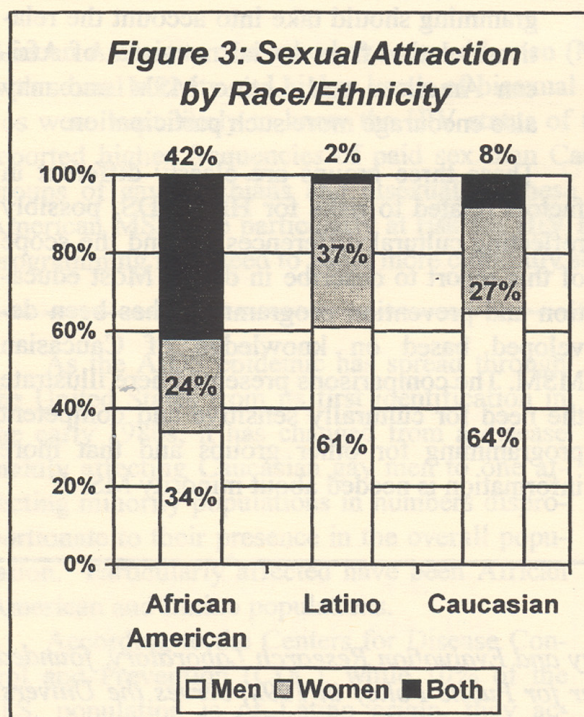
Anal sex was much more important to the Latinos than to members of the other two groups. Figure 2 shows that, of Latinos, 40% agreed with the statement that "anal sex is the most important form of sex to me" compared to 19% of African Americans and 23% of Caucasians.



Sexual attraction and identity

Consistent with the high number saying their primary long-term relationship is with a woman, more African American men said that they were attracted to women and fewer identified themselves as homosexual or gay than their Latino and Caucasian counterparts.

Figure 3 shows that whereas 61% and 64% of Latinos and Caucasians, respectively, said they were sexually attracted exclusively to men, only 34% of African Americans reported this attraction. Conversely, a much larger percent of African American men reported being attracted to women or both men and women.



Whereas 79% of the Caucasians and 65% of Latinos identified themselves as homosexual or gay, only 47% of the African Americans expressed this identity, despite their behavior.

Sexual Abuse

The groups differed in terms of experience of sexual abuse as children, with Latinos in this sample reporting the highest level, at 44%. Of African Americans in this study, 37% reported such abuse, compared to 28% of Caucasians.

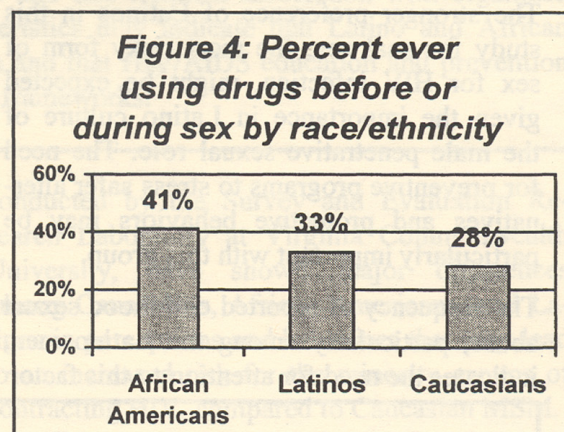
Association with groups

Caucasian MSM were much more likely than African Americans and Latinos to say they have ever been associated with a group made up mostly of gay/lesbian/bisexual members; 76% of Caucasian men reported such group association, compared to 45% of Latinos and 35% of African Americans.

Alcohol and drug use

All three groups reported high levels of alcohol associated with sex. More than 70% of all groups reported using alcohol before or during sex at least occasionally.

African Americans, however, were more likely to report ever using drugs, other than alcohol, before or during sex, 41%, compared to 33% of Latinos and 28% of Caucasians. This is shown in Figure 4.



HIV status

Between 77% and 84% of all three groups reported having been tested for HIV. African Americans in this study reported the highest rate of HIV infection, with 32% of those who have been tested saying they were HIV positive, compared to 19% of Caucasian MSM and 16% of Latino MSM included in these samples.

Recommendations

A number of the findings of this comparative analysis indicate that while all MSM are at continuing risk, African American and Latino MSM are at particular risk for HIV infection. The following recommendations can be made concerning HIV/AIDS education and prevention programming:

- Communication with sex partners about HIV status is critical and needs to be stressed. Especially among Latinos who reported in higher proportions not knowing the HIV status of their last sex partner, communication related to safer sexual practices may be emphasized.
- The risks to female partners of HIV infection through heterosexual sex may need to be addressed, given the frequency of bisexual behavior, especially among African American MSM.
- Alcohol and drug use before and during sex continue to be issues for all groups. Programming needs to stress that these substances may reduce the ability of people to make clear, healthy and protective choices about sexual behavior.
- The stronger preference of Latinos in this study for anal sex, the most risky form of sex for HIV infection, might be expected given the importance in Latino culture of the male penetrative sexual role. The need for preventive programs to stress safer alternatives and protective behaviors may be particularly important with this group.
- The frequency of reported childhood sexual abuse, particularly among the Latino men, indicates the need for attention to this factor

in prevention programming. Research has indicated that such abuse is related to risky sexual behavior in adult Latino MSM.

- Involvement in sex for money is not high in any group although it is more frequent for Latinos and African Americans. Programming for these groups might need to stress the particular risks such situations present.
- Relatively few African American and Latino MSM have been associated with groups made up of gay/lesbian or bisexuals. These groups can be a source of safer sex messages, may reinforce protective behaviors, and may provide general support. Programming should take into account the relative isolation from social networks of African American and Latino MSM and may also encourage more such participation.

These three groups are clearly different in factors related to risks for HIV/AIDS, possibly reflecting cultural differences beyond the scope of this report to describe in detail. Most education and prevention programming has been developed based on knowledge of Caucasian MSM. The comparisons presented here illustrate the need for culturally sensitive and competent programming for other groups and that more information is needed about minority MSM.

The SERL and the HCPC

The Virginia Commonwealth University Survey and Evaluation Research Laboratory, founded in 1982 and incorporated into the University's Center for Public Policy in 1994, serves the University, the community, and government through some 100 projects annually. The SERL also manages a number of large data sets available through the Inter-university Consortium for Political and Social Research.

The SERL conducted the study discussed in this report for the Virginia HIV Community Planning Committee, an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this study, the SERL, or the HCPC, contact: VCU Survey and Evaluation Research Laboratory, PO Box 3065, Virginia Commonwealth University, Richmond, VA 23284-3065, phone (804) 828-8813, fax (804) 828-6133, or on the World Wide Web at <http://www.vcu.edu/srl>.